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PATENT

Technology Center 2600

Attorney Docket No. NVID-050/00US/P000321

Express Mail Label Number: EV 459985575 US

Date of Deposit: July 6, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: July 6, 2004

By: Sherry Duncan Bitler  
Sherry Duncan Bitler

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of Mark J. KILGARD, et al.

Serial No. 09/877,852

Examiner: Javid A. AMINI

Confirmation No.: 1313

Art Unit: 2672

Filed: 06/08/2001

FOR: SYSTEM, METHOD AND COMPUTER PROGRAM PRODUCT FOR VERTEX ATTRIBUTE  
ALIASING IN A GRAPHICS PIPELINE

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**INTERVIEW SUMMARY**

Sir:

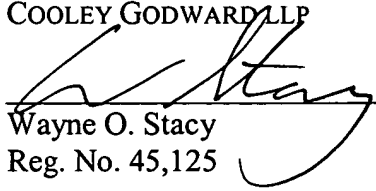
Applicant's representative thanks the Examiner for conducting the interviews on June 15, 2004 and July 6, 2004, in which the parties discussed amending Figure 1 and Claim 37. In particular, the parties discussed the terms "application-programmable vertex processing system" and "conventional vertex processing." Applicant's representative directed the Examiner to pages 2 and 3 of the Specification for an explanation of these terms.

COOLEY GODWARD LLP  
Attention: Patent Group  
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3000 El Camino Real  
Palo Alto, CA 94306-2155  
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Respectfully submitted,

COOLEY GODWARD LLP

By:

  
Wayne O. Stacy  
Reg. No. 45,125

1-07-04

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Confirmation No.: 1313

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Examiner: Javid A. Amini

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FOR: SYSTEM, METHOD AND COMPUTER PROGRAM PRODUCT FOR VERTEX ATTRIBUTE ALIASING IN A GRAPHICS PIPELINE

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**TRANSMITTAL**

Enclosed are the following documents:

[X] Interview Summary; and

[X] One Return Post Card.

The fee has been calculated as follows:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Basic Application Fee					\$0.00
Total Claims		- 20 =		x \$18.00	\$0.00
Independent Claims		- 3 =		x \$84.00	\$0.00
If multiple dependent claims are presented, add \$280.00					\$0.00
Total Application Fee					\$0.00
If an Assertion of Entitlement to Small Entity Status is enclosed, subtract 50% of Total Application Fee					\$0.00
Other fees: (specify)					\$0.00
<b>TOTAL FEE DUE</b>					<b>\$0.00</b>

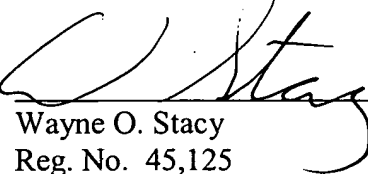
☐ Cooley Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for the \_\_\_\_\_ month extension fee is attached.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 03-3117.

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